


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 342015
 1. Entity Name
KAR PRINTING, INC.



Principal Place of Business
13930 N.W. 60TH AVENUE
MIAMI LAKES, FL 33014

Mailing Address
13930 N.W. 60TH AVENUE
MIAMI LAKES, FL 33014

DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1298858 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LEVY, SCOTT
13930 NW 60TH AVE
MIAMI LAKES, FL 33014

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	MCCLOSKEY, THOMAS
STREET ADDRESS	13930 NW 60 AVE
CITY - ST - ZIP	MIAMI LAKES, FL 33014
TITLE	CPS
NAME	LEVY, SIDNEY
STREET ADDRESS	13930 NW 60TH AVE
CITY - ST - ZIP	MIAMI LAKES, FL
TITLE	V
NAME	LEVY, SCOTT
STREET ADDRESS	13930 NW 60 AVE
CITY - ST - ZIP	MIAMI LAKES, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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U00000168413
 07/26/04-80012-019 550.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **July 12-04** **8004459372**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #